FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

WE			1 98 NOV -9 AM 8:54			
Name of Limited Partnership	1a. DOCUME A96000000	SECRETARY OF STATE TALLAHASSEE, FLORIDA				
WEST VENTURES, LTD.						
Mailing Address P.O. BOX 191768 MIAMI FL 33119	Principal Office Address 420 LINCOLN ROAD, SUITE 432 MIAMI BEACH FL 33139		3. Date Formed or Registered 02/15/1996 3a. Date of Last Report 02/24/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$1,879,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		FL 6. FEI Number			
City & State Zip Country	City & State Zip Country		65-0699231 7. Certificate of Status Desired 8. Make check payable to: Dept. of S		Applied For Not Applicable \$8.75 Additional Fee Required rse side for fee information)	
for the purpose of changing its registered office or registered agent, or both, in the State of Florid agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Lip Code Imiled partnership organized or registered under the laws of the State of Florida, submits this statement ida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered				
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED AND	IMITED PAR D ACTIVE W	TNERSHIP OR OTHE	R BUSII	NESS ENTITY	
11. Name(s) of General Partner(s) PLC REAL ESTATE VENTURES, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 420 LINCOLN ROAD, SUI		City, State & Zip Code	3863	P96000013692	
			*****43 5000026 -11/12/ ******E AL	37.50 3 86 3 79801 38.75	****437.50	
Note: General partners MAY NOT to 12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signat empowered to execute this report as required by chapter	filing is voluntarily furnished and does not q	rualify for the exemption rmation supplied is deem made under oath. I furt cures, Ltd.	n stated in Section 119.07(3)(k), Florida St emed exempt from public access. I further ther certify that I am a General Partner of the by PLC Real Esta	atutes. I releas	e the Division of information indicated on	

__ DATE <u>10/19/98</u>

Typed or Printed Name of General Partner Signing Form Hilda C. Montero, Secretary _ Daytime Telephone Number 305-531-5220